

YOUTH EMPLOYMENT TREATMENT PERMISSION
HEALTH UNIT
NATIONAL INSTITUTE OF STANDARDS AND TECHNOLOGY
ADMINISTRATION BUILDING, ROOM C-33
GAITHERSBURG, MARYLAND 20899

YOUTH EMPLOYMENT PROGRAM

TREATMENT PERMISSION SLIP

NAME OF MINOR:_____ AGE_____

(Print or type)

I hereby give my permission for my son/daughter to receive emergency first aid care in the Health Unit at the above address, or to receive emergency medical care, as deemed necessary by the professional staff of the Health Unit.

Name of Parent/Guardian (Print Name)

(Signature)

(Date)

In case of an emergency situation, I may be reached at:

Work Telephone:_____

Work Address:_____

Home Telephone:_____

Home Address:_____